

Final Minutes of the State Board of Health October 8, 2014

WSU Riverpoint Campus Innovate WA Building, Rm# 432 665 N Riverpoint Boulevard Spokane, WA 99210

State Board of Health members present:

The Honorable John Austin, PhD, Chair Fran Bessermin Keith Grellner, RS, Vice-Chair Stephen Kutz, BSN, MPH Thomas Pendergrass, MD, MSPH James Sledge, DDS, FACD, FICD John Wiesman, DrPH, MPH The Honorable Donna Wright Diana T. Yu, MD, MSPH

State Board of Health members absent:

Don Oliver

State Board of Health staff present:

Michelle Davis, Executive Director Melanie Hisaw, Executive Assistant Timothy Grisham, Communications Consultant David DeLong, Health Policy Analyst Tara Wolff, Health Policy Analyst Sierra Rotakhina, Health Policy Analyst

Guests and other participants:

Ken Roberts, PHD, Director of Medical Sciences, WSU Riverpoint Campus
Dr. Joel McCullough MD, MPH, MS, Spokane
Regional Health District (SRHD), Health
Officer/Public Health Director
Chuck Hafner, Spokane Valley Councilmember,
SRHD Board of Health, Chair
Bob Lutz MD, MPH, SRHD Board of Health

Kevin Freeman, SRHD Board of Health Keith Baldwin MHA, SRHD, Appointed Citizen Member Mike Fagan, Spokane City Council Jo Ann Walsh Dotson, PhD RN, March of Dimes Kelly Cooper, Department of Health Stuart Glasoe, Department of Health Tami Thompson, Department of Health

John Austin, Board Chair, called the public meeting to order at 10:01 a.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

<u>Chair Austin</u> directed members to review the meeting minutes (Tab 1) and suggested that agenda item number 6 be moved to 2:00pm and that agenda item number 10 be moved to 10:55. Chair Austin asked members to review the agenda with proposed changes and entertained a motion to approve the modified agenda.

Motion: Approve August 13, 2014 agenda

Motion/Second: Sledge/Yu. Approved unanimously

2. WELCOME

Chair Austin introduced <u>Ken Roberts</u>, <u>Director of Medical Sciences</u>, <u>WSU Riverpoint Campus</u>. Dr. Roberts welcomed the Board and audience and provided some information about the WSU campuses and programs. He outlined some of the history of the programs on the Spokane campus and indicated that ½ of the colleges of WSU are fully located on this campus. He outlined

information about the nursing, pharmacy, and medical science programs. Dr. Roberts indicated that WSU is seeking accreditation for a medical school which could double the capacity of the state to graduate medical students. He also expressed that they are working to initiate a public health institute which would focus first on research with educational programs to follow. <u>Stephen Kutz</u>, <u>Board Member</u>, indicated that he graduated from the school of nursing at WSU.

3. iPad PRIMER

<u>Timothy Grisham, Board Staff</u>, provided Board Members with an overview on how to access the Board packets on the iPads.

4. ADOPTION OF AUGUST 13, 2014 MEETING MINUTES

Motion: Approve the August 13, 2014 minutes

Motion/Second: Kutz/Pendergrass. Approved unanimously, Member Wiesman abstained.

5. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Executive Director welcomed the Board to Spokane. She directed the Board's attention to the items under Tab 5. She introduced David DeLong, the Board's new Health Policy Advisor who will work on environmental health issues. She announced that Melanie Hisaw, who has been working at the Board since mid-April, has been asked to stay on as the Executive Assistant and that the Board is hosting a student Jamilia Sherls, who is completing her health policy practicum. Ms. Sherls will be assisting staff with health impact reviews.

Ms. Davis said that she attended Boards and Commissions training hosted by the Governor's appointments staff. She said that she continues to work with them to try to find a replacement for former board member and consumer representative, Don Oliver.

Ms. Davis indicated that she and Tara Wolff have held some follow up meetings with Representatives Morrell and Riccelli regarding Newborn screening rules, and plan to meet with Representative Jinkins on the same issue later this week.

Ms. Davis reported that she and board staff will continue to do outreach to legislators and Governor's policy staff to inform them about health impact reviews.

Ms. Davis directed the Board to two pieces of correspondence. The first is email correspondence request from Joel and Luci Janzen requesting the board to add ALD to the Washington State Newborn Screening panel. The second piece of correspondence is from Mr. Jeffrey Kinzel, and is a complaint the Board will review later in the day.

Ms. Davis mentioned the WSPHA conference, which will be held in Wenatchee. Board staff will be presenting on health impact reviews.

Ms. Davis mentioned that the lunch would be catered by Christ's Kitchen which is an innovative nonprofit that provides job training for women living in poverty. She also mentioned that they offer their employees medical insurance. <u>Fran Bessermin, Board Member</u>, added that they are a great group who provides wonderful products as well.

<u>Thomas Pendergrass</u>, <u>Board Member</u>, added that he has received a letter from Mark Lewin, Director of Pediatrics at Seattle Children's, supporting the addition of CCHD to the newborn screening rules.

<u>Keith Grellner, Board Vice-Chair</u>, reminded the Board that they received a complaint from Mr. Barry Ellis at the previous meeting that Jefferson County Public Health improperly handled a complaint about a rental property that may have been a methamphetamine lab. Member Grellner indicated that the Board has been investigating the complaint and that they will report back as soon as they have more information.

6. UPDATE: ON-SITE SEWAGE SYSTEM ADVISORY COMMITTEE RECOMMENDATIONS

<u>Vice-Chair Grellner</u> provided some background on on-site sewage and introduced <u>Kelly Cooper and Stuart Glasoe</u>, <u>Department of Health Staff</u>. Ms. Cooper and Mr. Glasoe provided information on the Puget Sound Septic Finance Project and the recommendations from the On-Site Sewage System Advisory Committee (presentation under Tab 10). Mr. Glasoe indicated that the purpose of the project is to develop recommendations on how to create sustainable funding for on-site sewage system operation and maintenance programs. He provided a high-level overview of the Puget Sound regions wastewater treatment infrastructure. He indicated that the Department of Health currently passes funds through to local health jurisdictions to help support their wastewater infrastructure. Mr. Glasoe outlined the Regional Unified Loan Program model and the recommendations of the Advisory Committee in relation to the Loan Program. He indicated that they have discussed expanding the Loan Program to counties outside of the Puget Sound area. Mr. Glasoe outlined the analysis of the On-site sewage system (OSS) Management Plans and policy recommendations relating to these plans. He went on to highlight next steps.

Ms. Cooper provided additional detail about the policy recommendations. She indicated that because the recommendations for policy changes came out late in the interim, the Department of Health has put forward a placeholder bill for the Governor to approve as they work with stakeholders to draft a bill for this coming legislative session to address these recommendations. This bill would amend RCW 70.05.190 to require an annual fee for all owners of septic systems.

Member Pendergrass indicated that it may be useful to also consider drinking water issues while they are talking about funding for waste management. Mr. Glasoe indicated that this is a good suggestion and that there are other needs associated with water treatment that should often be discussed together. He did indicate that it may be too late to integrate this into the current request legislation that the Department of Health is working on.

Member Bessermin asked if the legislation would apply to all counties or just the Puget Sound Region. Ms. Cooper indicated that it would only apply to the Puget Sound counties.

Member Kutz indicated that as a homeowner he understands the need for a funding stream to maintain these programs. He expressed that his county has a voluntary program that allows homeowners to send in their septic reports to the county when their systems gets serviced, but some homeowners may not send these in or service their septic systems regularly. He asked if there are any requirements on what kind of programs will be put in place with this fee money. Ms. Cooper indicated that the recommendations do have some minimum requirements for what the program would include, but that they are currently discussing how much of this should be included in legislation and which components should be left for rulemaking. Mr. Glasoe indicated that there are good models across the state that could be used as examples.

<u>Dianna Yu, Board Member</u>, indicated that it is telling that we only have an estimate of on-site sewage systems and that we do not know for certain how many systems exist. She expressed that if we did work on legislation it would be useful to provide some way for local health to get on

property to inspect systems because currently they are usually only allowed to do that if the homeowner allows them on the property.

Ms. Davis indicated that there is additional information on this topic, including the final recommendations from the Advisory Committee under Tab 6. She also expressed that the Department of Health is actively engaging affected and interested parties as they move forward with this possible request legislation.

Vice-Chair Grellner thanked Mr. Glasoe for taking a lead on this. He expressed that because Washington is a local control state, there is a lot of variability across the state and that this is an important effort at the state level.

The Board took a break at 10:25 a.m. and reconvened at 10:36 a.m.

7. SPOKANE BOARD OF HEALTH

Chair Austin introduced Dr. Joel McCullough, Spokane Regional Health District, Health Officer/Public Health Director. Dr. McCullough introduced the Spokane Board of Health members present. He outlined what the Spokane Regional Health District has been doing in relation to the social determinants of health (presentation under Tab 7). He outlined Neighborhoods Matter, which is a neighborhood-based program focused on improving birth outcomes by addressing the social factors that affect health rather than only focusing individual maternal child health services. This is based on the social-ecological model which focuses on assets and community engagement. They work with the community to identify areas for improvement and potential solutions. He indicated that for every dollar spent there is a 4-dollar return on investment for this program.

Dr. McCullough next outlined the health equity toolkit. One component of this is the Health and Equity Policy Analysis (HEPA) Project which is a project to assess the health and equity impact of public policies. This tool has many functions including to prioritize policies. They are working on a technology platform that will allow others to use this tool as well and expect it to be publically available in January of 2015.

Dr. McCullough mentioned Priority Spokane, the Robert Wood Johnson Foundation (RWJF) Culture of Health Prize Winner. This collaborative group develops priority issues for the community to focus on. They recently chose educational attainment as the primary issue and developed interventions and recommendations on how to address this issue. They have seen an increase in ontime graduation rates and a decrease in dropout rates in the Spokane Public Schools (the intervention schools).

Dr. McCullough indicated that the Spokane Regional Health District received a Global Healthy Workplace award in April of 2014. The World Health Organization's (WHO) Healthy Workplace Model was used to determine the winners.

Member Kutz thanked Dr. McCullough for his presentation and indicated that he was glad that mental health is a next step for the county and that substance abuse issues should be included in this. He asked if they had used the HEPA process to determine where the return on investment was. Dr. McCullough indicated that they worked with the Association of State and Territorial Health Officials (ASTHO) and Glen Mays from the University of Kentucky to determine the return on investment. They took staff time into account, and have worked to find ways to determine the other costs as well as benefits.

Member Pendergrass indicated that he is impressed that they are using community decision making at the local level. He indicted that there is a growing body of data that having middle school students work with preschool students helps build skills and capacity in both the older and younger students. He suggested that empowering middle school children to help their younger siblings and neighbors is a good way to make these changes. Member Pendergrass expressed that he is excited about what they are doing in the Spokane area. In addition, Dr. Pendergrass indicated that in the United States we often use college-bound individuals as way to measure program success, but that workplace readiness for trades is also an important measure. Dr. McCullough highlighted a program Accelerated Success, which focuses on workplace readiness as well.

<u>Member Bessermin</u> indicated that most of the students who are not college bound have not post high school options and are lost in the system.

Member Yu She indicated that these are great resources that can be used by other counties.

<u>Chair Austin</u> indicated that he is intrigued by the Refugee Harvest Project and asked where there are fruit trees in the community. Dr. McCullough indicated that they harvested about six thousand pounds of fruit to distribute to food deserts. Chair Austin asked if they still have something like a Nurse Family Partnership. Dr. McCullough indicated that they do have a Nurse Family Partnership, but that they only have capacity to serve about 200 families per year across the county.

The Board recessed for lunch at 12:22 p.m. and reconvened at 1:30 p.m.

8. Update Newborn Screening Request

<u>Dr. Diana Yu, Board Member</u>, introduced the topic of newborn screening (NBS). She indicated that the Board uses five criteria to determine which conditions to include in the NBS panel. Member Kutz added that these criteria, which were developed ten years ago, may need review given advances in technology that allow for a greater number and variety of conditions to be identified through screening. He said the Board may need to reevaluate the criteria to determine if they need to make changes or additions to them.

Member Yu said that the Newborn Screening Advisory Committee uses the criteria when determining whether or not to add a NBS condition to the panel, but that these criteria are not the only elements that should be taken into consideration when making a decision. She expressed that the current five criteria should probably be retained, but that there may be a need to develop additional criteria.

Member Yu noted that sometimes the lab detects other conditions that are not currently included in the required NBS screening panel. She would like the Board to develop a decision-making framework for adding conditions to the NBS panel, which include the criteria but also reflect other dimensions. For instance, there are federal recommendations that could be reflected in the framework somehow. She also noted that the federal recommendations are based on an extensive body of research.

Member Pendergrass added that the technology that we now have to identify multiple conditions or risk factors for conditions is an important element in how the Board should approach this issue. He indicated that most conditions on the NBS panel are identified using a spot of blood taken from the heel of an infant but that the Board is also being asked to consider conditions using other screening

processes. He indicated that the review process for genetic testing is not as developed as that for vaccine efficacy and safety. He also explained that some screens occur on-site and do not produce samples that need to be sent to a state lab. Member Pendergrass indicated there are many factors that need to be considered when making decisions about what conditions to add to the NBS panel.

Member Kutz indicated that timeliness of the treatment response is one important factor to consider when evaluating a condition for possible inclusion in the NBS panel. He posed the following questions as examples of factors that they must take into consideration: Is this condition better served by being a standard of care or as a NBS condition? What infrastructure do we have in place to respond to the condition? Does the infrastructure need to be improved in order to meet a screening need? If so, what will this cost? He indicated that he is in support of Members Yu and Pendergrass' suggestion to develop a newborn screening framework.

<u>Tara Wolff, Board Staff</u>, said staff needed guidance on how to respond to the letter from the American Heart and Lung Associations concerning critical congenital heart disease (CCHD) (Tab 8).

Member Kutz asked if the question is how they should respond in general to requests to have conditions added to the panel.

Member Yu said the Board had two requests to convene advisory committees (one in relation to ADL and one in relation CCHD) but that she does not believe that they can respond to these requests until they developed a new matrix/framework. She indicated that she was not sure how the Board could update the NBS matrix/framework and address these two requests at the same time.

Motion: The Board will begin a review of the five newborn screening criteria to evaluate if new criteria need to be added to the matrix/framework to determine whether or not the condition should be added to the newborn screening panel.

Motion/Second: Kutz/Sledge. Approved unanimously

Motion: At a later stage, the committee will convene an advisory committee to review CCHD and ALD to determine if they should be added to the newborn screening panel.

Motion/Second: Yu/Sledge. Approved unanimously

Motion: The Board's Executive Director will craft a letter to the requesters to let them know that they will be reviewing these requests at a later date to determine if the conditions should be added to the newborn screening panel. Motion/Second: Austin/Kutz. Approved unanimously

9. PUBLIC TESTIMONY

Dr. Jo Ann Dotson, Assistant Professor, Washington State University College of Nursing. Spoke on behalf of March of Dimes. She expressed their concerns that CCHD is not currently included in the newborn screening panel, but that she will relay the Board's intent to consider CCHD for inclusion on the panel after establishing a framework back to her organization.

10. DEPARTMENT OF HEALTH UPDATE

<u>Tami Thompson</u>, <u>Department of Health Staff</u>, provided information on Enterovirus D68 (EV D68). She indicted that we know that the virus is present in Washington state but we don't know how prevalent it is because it is not a notifiable condition. There is a typing test that can be sent to the Centers for Disease Control and Prevention (CDC) to determine if the virus it the EV D68. So

far 18% the specimens voluntary sent to the CDC from Washington have tested positive for EV D68.

Member Yu indicated that even though Washington has not seen many cases, State Health Officers are still encouraging local providers to submit samples to the CDC if a patient is presenting with severe respiratory symptoms. Ms. Thompson indicated that the virus is usually seen in the Fall months, and there is no vaccine for this virus.

<u>Member Kutz</u> commented that while Washington's specimens have to date been less likely to test positive than other states, this may not be entirely reflective of the situation since states may be collecting samples differently.

Ms. Thompson went on to indicate that the Department of Health had distributed the 2013 Local Health Jurisdiction Funding Report to Board members, which shows expenditures and funding for local public health (both aggregated and for each local health jurisdiction). She mentioned that each local health jurisdiction (LHJ) may code expenditures differently, so this may not be a one-to-one comparison between LHJs.

Member Kutz asked Ms. Davis the last time that the Board had received a version of this report. Ms. Davis indicated that the last time they received this report was two years ago.

Member Kutz asked if there is any document comparing these numbers from year to year, or if we just have to compare the results from one report to the next. Ms. Davis indicated that the Department of Health local health liaison may be able to provide further comparison data at the LHJ level. Member Kutz expressed that at this time he does not see a need for this information but that if in the future the Board has a need they could pursue this method of getting the information.

11. SOLID WASTE LANDFILL COMPLAINT

Ms. Davis directed members to the materials available under Tab 11. She indicated that this complaint is against the Chelan Douglas Health District. Ms. Davis highlighted the Board's authority in relation to complaints against a Local Health Jurisdiction. She then indicated that RCW 70.05.120 does not extend the Board's authority to investigate local health official activities under Chapter 70.95 RCW, or other statutes or rules beyond those explicitly identified within RCW 70.05.120 (chapters 70.05, 70.24, and 70.46 RCW and the rules, regulations, or orders of the state board of health). Ms. Davis expressed that due to the limits of RCW 70.05.120, it appears that the Board does not have sufficient authority to proceed with a preliminary investigation on Mr. Kinzel's complaint.

Motion: Mr. Kinzel's request for a preliminary investigation is beyond the Board's scope of authority under RCW 70.05.120. The Board directs staff to refer this complaint to the Washington State Department of Ecology for its consideration and directs the Board's Executive Director to notify Mr. Kinzel of this action.

Motion/Second: Yu/Wright. Approved unanimously

12. REQUEST FOR EMERGENCY RULES AND RULE DELEGATION FOR CHAPTER 246-282 WAC SANITARY CONTROL OF SHELLFISH—NSSP MODEL ORDINANCE

<u>Vice-Chair Grellner</u> introduced <u>Kelly Cooper, Department of Health Staff</u> and <u>David DeLong</u>, <u>Board of Health Staff</u>. Mr. DeLong indicated that the Board has a request from the Department of Health to develop an emergency rule to align Chapter 246-282 WAC with the National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish, 2013 edition (NSSP Guide) and to comply with RCW 69.030.030. He indicated that the Department of Health has requested that the

Board delegate authority to the Department of Health to adopt a revision to WAC 246-282-005 to reference the most current version of the Guide.

Ms. Cooper indicated that the Department is requesting an emergency rule because the FDA has changed their interpretation of how quickly they expect alignment from the states in adopting the NSSP. In order for Washington's shellfish industry to put their shellfish into interstate commerce these rules need to be adopted. She indicated that the emergency rule would be in effect for 120 days.

<u>Vice-Chair Grellner</u> indicated that at their last meeting they had an update about procedures related to vibrio for community shellfish harvesting, and clarified that this is a separate conversation.

Member Yu asked if there were significant changes between the 2011 and 2013 NSSP rules. Ms. Cooper was not sure of the specific changes but indicated that she could provide more information about these change at a later meeting.

Motion: The Board adopts the National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish, 2013 edition, and directs the executive director to sign and file the emergency rule making order with the Code Reviser's office.

Motion/Second: Pendergrass/Grellner. Approved unanimously

Motion: The Board delegates to the Department of Health authority to adopt a revision to WAC 246-282-005 for the purpose of referencing the most current version of the National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish, the 2013 edition.

Motion/Second: Grellner/Pendergrass. Approved unanimously

The Board took a break at 2:25 p.m. and reconvened at 2:33 p.m.

13. BOARD MEMBER COMMENTS

<u>Donna Wright, Board Member</u> explained Snohomish County may be expanding smoking rules to e-Cigarettes, Vaping, and Hookas to curtail youth tobacco use.

Member Kutz does not believe the state is following through on the control of Marijuana smoke in public places.

<u>Vice Chair Grellner</u> stated a state group of public health officers is working on a policy statement following up on the FDA's opinion on e-Cigarettes. <u>Vice Chair Grellner</u> updated the Board about an EPA CAFO workshop. EPA, Ecology, and WSU are working on nitrate and CAFO information. The biggest takeaway was that nutrient deployment and over irrigation was a bigger culprit of the nitrate contaminate in the drinking water than the CAFO itself. Aside from the CAFO issue there is an education issue with farmers with over irrigation and nutrient application.

<u>James Sledge Board Member</u> gave an update on the oral health workshop. Tara Wolff will provide an update when ready. There is still the possibility for two symposia, one on each side of the state to look at oral health.

Member Pendergrass stated progress on vaccine preventable diseases is going well and talked about next steps.

Member Yu a vision screening rule meeting will be held in November.

<u>Chair Austin</u> in Jefferson County Marijuana production and sales is a big issue with passion on both sides of the debate. Liquor Control Board is still working on application process. <u>Member Yu</u> asked how the funding for education is being used. Ms. Davis stated she will follow up with DOH on their youth outreach and education piece. <u>Member Pendergrass</u> stated the adolescent medical group at Children's is very concerned about youth use.

Member Kutz stated he would be interested in hearing anything more on an initiative to raise the tobacco age to 21. Ms. Davis stated that she believes DOH will have request legislation on a number of tobacco issues.

ADJOURNMENT

John Austin, Board Chair, adjourned the meeting at 3:08 p.m.

WASHINGTON STATE BOARD OF HEALTH

John Austin, Chair